

SAMPLE

NON-SMOKING AGREEMENT

I, _____, a full-time employee of _____ County Fire Protection District No. _____, do hereby acknowledge, understand, and agree to the following:

1. To be employed or to continue employment with _____ County Fire Protection District No. _____, I must be a **NON-SMOKER** as of the date of this agreement and that to continue my employment with _____ County Fire Protection District No. _____, I must remain a **NON-SMOKER** during the remainder of my tenure with the fire district.
2. Acknowledge and understand that a false or materially misleading representation by me as to being a **NON-SMOKER** upon entering into employment OR after being employed and entering into this agreement shall constitute grounds for my termination from employment.
3. In consideration of my employment as a uniformed member of _____ County Fire Protection District No. _____, AND recognizing the physical hazards that are associated with my employment in the fire service, I do hereby agree **NOT TO SMOKE** at any time as long as I am employed by the fire district whether ON or OFF duty, and that my failure to comply with these three conditions of employment shall constitute good cause for the fire chief to recommend termination of my employment to the Board of Commissioners.

"I hereby certify that, as of this date, I am a NON-SMOKER."

Employee

Date

Fire Chief

Date